Mandatory appendix 12: Application of transmission based precautions to key infections in the deceased

As per section 2.5 of the NIPCM, the principles of SICPs and TBPs continue to apply whilst deceased individuals remain in the care environment. This is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living patients. Additional precautions may be required depending on the organism and activities carried out (see table).

Infection	Causative agent	Hazard Group	Is a body bag needed[1]?	Can the body be viewed?	Can post mortem be carried out?[2]	Can hygienic treatment be carried out?[3]	Can embalming be carried out?[2]
Airborne: small particles that can remain airborne with potential for transmission by inhalation							
Tuberculosis	*Mycobacterium tuberculosis*	3	Yes	Yes	Yes	Yes	Yes
Middle Eastern Respiratory Syndrome (MERS)	MERS coronavirus	3	Yes	Yes	Yes	Yes	Yes
Severe acute respiratory syndromes	e.g. SARS coronavirus	3	Yes	Yes	Yes	Yes	Yes
Droplet: large particles that do not remain airborne for very long and do not travel far from source with potential for transmission via mucocutaneous routes (ie mouth, nose, or eyes)							
Meningococcal septicaemia (Meningitis)	*Neisseria meningitidis*	2	No	Yes	Yes	Yes	Yes
Non-meningococcal meningitis	Various bacteria including *Haemophilus influenzae* and also viruses	-	No	Yes	Yes	Yes	Yes
Influenza (animal origin)	e.g. H5 and H7 influenza viruses	3	No	Yes	Yes	Yes	Yes
Diphtheria	*Corynebacterium diptheriae*	2	No	Yes	Yes	Yes	Yes
Contact: either direct via hands of employees, or indirect via equipment and other contaminated articles where transmission is primarily via an ingestion route							
Invasive streptococcal infection	*Streptococcus pyogenes* (Group A)	2	Yes	Yes	Yes	No	No
Dysentery (shigellosis)	*Shigella dysenteriae (type 1)*	3	Advised	Yes	Yes	Yes	Yes
Meticillin-resistant *Staphylococcus aureus (*MRSA)	Meticillin-resistant *Staphylococcus aureus*	2	No	Yes	Yes	Yes	Yes
Hepatitis A	Hepatitis A virus	2	No	Yes	Yes	Yes	Yes
Hepatitis E	Hepatitis E virus	3	No	Yes	Yes	Yes	Yes

Infection	Causative agent	Hazard Group	Is a body bag needed[1]?	Can the body be viewed?	Can post mortem be carried out?[2]	Can hygienic treatment be carried out?[3]	Can embalming be carried out?[2]
Enteric fever (typhoid/para typhoid)	*Salmonella typhi/paratyphi*	3	Advised	Yes	Yes	Yes	Yes
Brucellosis	*Brucella melitensis*	3	No	Yes	Yes	Yes	Yes
Haemolytic uraemic syndrome	Verocytotoxin/ shiga toxin producing *E.coli* (eg O157:H7)	3	No	Yes	Yes	Yes	Yes
Contact: either direct or indirect contact with blood/other blood containing body fluids via a skin-penetrating injury or via broken skin and through splashes of blood/other blood containing body fluids to eyes, nose and mouth							
Acquired Immune Deficiency Syndrome related illness	Human immune-deficiency virus	3	No	Yes	Yes	Yes	Yes
Anthrax	*Bacillus anthracis*	3	Yes	No	Yes[4]	No	No
Hepatitis B, D and C	Hepatitis B, D and C viruses	3	No	Yes	Yes	Yes	Yes
Rabies	Lyssaviruses	3	No	Yes	No	No	No
Viral haemorrhagic fevers	Specifically Lassa fever, Ebola, Marburg, Crimean Congo haemorrhagic fever viruses	4	Yes[5]	No	No	No	No
Contact: either direct or indirect contact with body fluids (eg brain and other neurological tissue) via a skin-penetrating injury or via broken skin							
Transmissible spongiform encephalopathies (e.g. vCJD)	Various prions	3	Yes	Yes	Yes	Yes	No

Notes

[1] It is advised that a body bag is used for the deceased in all cases where there is (or is likely to be) leakage of bodily fluids.

[2] When carrying out higher risk procedures such as post-mortem or embalming, consideration should be given to the need for additional measures to prevent contamination of equipment and the environment and to prevent staff exposure to infectious material e.g. through additional PPE and use of safer sharps devices.

[3] Hygienic treatment refers to washing and/or dressing of the deceased.

[4] Where anthrax infection is suspected, before undertaking a post mortem the rationale for the procedure should be carefully considered; particularly where examination may increase the potential for aerosol generation.

[5] A double body bag must be used.